

**SECURE SCREENING/DATA COLLECTION FORM****YOUTH:** \_\_\_\_\_ **JIRMS:** \_\_\_\_\_ **DORM:** \_\_\_\_\_**HISTORY:** Prior and Present Custody LevelsMinimum   Medium   Maximum

Date: \_\_\_\_\_

Minimum   Medium   Maximum

Date: \_\_\_\_\_

Minimum   Medium   Maximum

Date: \_\_\_\_\_

**Secure Custody Screening Document**

Total Score: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFENSE:** \_\_\_\_\_**FTD:** \_\_\_\_\_**Is YOUTH 897.1?**☐ Yes☐ No**DATE OF COMMITMENT:** \_\_\_\_\_ **DATE OF LAST QUARTERLY STAFFING:** \_\_\_\_\_**NUMBER OF SCHEDULE B VIOLATION FOUND TO BE VALID** \_\_\_\_\_**PRIOR MODIFICATIONS:**☐ Yes☐ No*If yes, provide narrative (include date, specifics about modification, response by court)  
Attach a copy***Is YOUTH MAKING ADEQUATE PROGRESS IN MEETING GOALS OF IIP?** ☐ Yes ☐ No**Explanation of****Response:** \_\_\_\_\_**ONE ON ONE INTERVIEW WITH YOUTH:** \_\_\_\_\_ **DATE:** \_\_\_\_\_**SUMMARY OF MEETING :** \_\_\_\_\_**PHONE CONTACT WITH PARENT:** ☐ Yes ☐ No**PHONE NUMBER** \_\_\_\_\_ (If NO PHONE, WAS NOTIFICATION OF STAFFING SENT TO PARENT/GUARDIAN?)**PARENTAL CONCERNS:** \_\_\_\_\_\_\_\_\_\_  
Case Manager\_\_\_\_\_  
Date

**Note:** If the youth is an 897.1 youth, has less than 45 days to his/her full term date, had 10 or more validated schedule B violations, or has been in secure care for less than 90 days do not complete the CRM form. For all other youth, the CRM form is to be completed prior to the multi-disciplinary staffing.